

BUFFALO POLICE DEPARTMENT INITIAL INQUIRY/COMPLAINT FORM

POLICY

It is the policy of the Buffalo Police Department that all allegations of employee misconduct or criticism of Police Department services are acknowledged and addressed. To succeed in this endeavor, the department has established a comprehensive departmental process to respond to such inquiries and complaints. Its purpose is to provide citizens with a fair and effective avenue to voice their legitimate grievances against the actions of the Police Department, yet to protect departmental employees from false charges of misconduct and wrongdoing.

Before a formal investigation can begin, State Law requires that a signed, written complaint be obtained. The attached Inquiry/Complaint Form is the first step in that process.

Upon receipt of your statement, your complaint will be reviewed for further action. You will be notified of the status of your inquiry and you may be asked to meet with a supervisor or an Internal Affairs Investigator to provide additional information or to sign a formal complaint.

Please review the directions below and complete the forms as appropriate. Please direct any questions you may have regarding this process to a department supervisor by calling (763) 682-5976.

INSTRUCTIONS

Please complete the names and details sections to the best of your ability. After you have completed these sections, please write down a detailed account of the incident you are complaining about in the statement section on the back of this form. (You may attach additional pages as necessary.) Also include as much as you remember of any conversation you or others had with the officer(s) or any actions taken by the officer(s).

Describe in detail what you feel the officer(s) or any police department personnel did that was improper. Please note that complaints that are based solely on complaints of harassment, attitude, and/or rudeness will not be accepted without supporting information on specific behavior that may be in violation of the Department's policies and procedures.

Please sign the bottom of each completed page. For confidentiality purposes, please place all reports in a sealed envelope. Please return the completed forms to:

Buffalo Police Department
215 1st Ave NE
Buffalo, MN 55313

Attention: Internal Affairs Unit

BPD-0400

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COMPLAINANT'S NAME									
LAST	FIRST	MIDDLE	DATE OF BIRTH	SEX	RACE				
COMPLAINANT'S ADDRESS									
STREET		CITY	STATE	ZIP	PHONE - HOME	PHONE - WORK			
WITNESS INFORMATION									
NAME		ADDRESS	CITY	STATE	ZIP	PHONE - HOME			
WITNESS INFORMATION									
NAME		ADDRESS	CITY	STATE	ZIP	PHONE - HOME			
WITNESS INFORMATION									
NAME		ADDRESS	CITY	STATE	ZIP	PHONE - HOME			
DETAILS									
Date and time of the incident:									
Location of the Incident:									
Related Case Number:									
Name of Officer(s) Involved:									
STATEMENT OF COMPLAINT									
COMPLAINANT SIGNATURE							DATE		

<u>DEPARTMENT USE ONLY</u>												
How Received:	Pho ne		Mai l		In Person		Fa x		Emai l		Other	
Date Received:			Complaint Received By:					Classification:				

STATEMENT OF COMPLAINT

[illegible]

COMPLAINANT SIGNATURE		DATE	
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FORM IA-15 07/02 BPD-0400